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Bib Data Sheet

CONFIRMATION NO. 9647

SERIAL NUMBER 10/781,927	FILING DATE 02/18/2004 RULE	CLASS 296	GROUP ART UNIT 3612	ATTORNEY DOCKET NO. 04-17
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APPLICANTS

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**** CONTINUING DATA *******

GAB 12/10/2004 Nore

**** FOREIGN APPLICATIONS *******

FRANCE 0301957 02/18/2003

GAB 12/10/2004

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**** 05/12/2004**

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY FRANCE	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
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TITLE

Cross-member at automobile front

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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